



**OFFICE OF THE CHIEF PROCUREMENT OFFICER  
COUNTY OF COOK**

118 NORTH CLARK ST. ROOM 1018  
CHICAGO, ILLINOIS 60602-1375  
(312) 603-5370

THIS PURCHASE ORDER NUMBER  
MUST APPEAR ON ALL PACKAGES,  
INVOICES, SHIPPING PAPERS AND  
DROP SHIPMENTS

**PURCHASE ORDERED ISSUED TO**  
806684

Products Unlimited Inc  
P. O. box 339  
Justin TX 76247

**DATE**  
1/6/2016  
F.O.B. POINT

**PURCHASE ORDER NO.**  
**194101 - 000- OP**  
**REQUISITION NO.**  
00121236 07

**COOK COUNTY FEIN: 36-6006541**  
**ILLINOIS SALES TAX EXEMPT: E-9998-2013-04**  
**FEDERAL EXCISE TAX EXEMPT CERT: 36-75-D038K**

**SHIP TO** Medical Examiner  
Robert J. Stein Institute of Forensic Me  
2121 W. Harrison RM 210  
Chicago IL 60612-3706

**DELIVERY INSTRUCTIONS**  
MEDICAL EXAMINER OFFICE  
NADINE JAKUBOWSKI(312)997-4481

DEPT NO	
1525909096	Page 1 of 1

LINE	FURNISH THE FOLLOWING SUPPLIES AND/OR SERVICE	QUANTITY/ UOM	UNIT PRICE	EXTENDED PRICE	ACCOUNT NUMBER
1.00	ELISA PLATE READER AS PER CONTRACT NO. 1581-15107 PROUDCT NUMBER E-ELX800 COMES WITH GEN5RC SOFTWARE, 405, 450, 490, 630 nm; Ab 0 -3.0 OD	1.00 EA	4,957.0000	4,957.00	1525909096.560431.8300
2.00	BIOTEK PLATE WASHER PRODUCT NUMBER E-ELX50/8	1.00 EA	5,081.0000	5,081.00	1525909096.560431.8300
3.00	WARRANTY ON PARTS /LABOR ON INSTRUMENT AND SOFTWARE *** DELIVERY CHARGES INCLUDED	1.00 YR	.0000		1525909096.560431.8300
***** Total Order *****				10,038.00	

NOTE: VENDOR AGREES NOT TO EXCEED THE QUANTITY OR DOLLAR AMOUNT OF THIS ORDER WITHOUT WRITTEN AUTHORIZATION FROM THE CHIEF PROCUREMENT OFFICER

**RECEIPT CERTIFICATION (FOR DEPARTMENT USE ONLY)**

I hereby certify that I have received the goods/services reflected above and that the items referenced are in full conformity with the purchase order/contract.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby certify that this purchase is in agreement with the requisition on file authorizing the expenditure and is properly approved.

**CHIEF PROCUREMENT OFFICER**

Date: \_\_\_\_\_

*John E. R.* 27 March 2016

*a/p*

## Purchase Requisition

Office of the Purchasing Agent

Cook County of Illinois

Purchase Order Number

Requisition # 07 121236 Contract # 1581-15107 Open Date

Ship To: 8000736 Medical Examiner Delivery Instructions: Supplier: 299999 TEAM LEAD MAILBOX

Robert J. Stein Institute of Fo

MEDICAL EXAMINER OFFICE

2121 W. Harrison RM 210

NADINE JAKUBOWSKI(312)997-4481

Chicago IL 60612-3706

Buyer Number 724150 Supervisor 40  
 Bid/Sale Src Code NCR  
 Business Unit 1525909096  
 Internal Req Number 52590013  
 Board App Date & Item 11/2/2015  
 Requisition Date 11/2/2015  
 Date Needed 11/2/2015

One Time Purchase Yes No Covers Need for months. Specific Period of time thru Prior Contract No.

Line #	Commodity Description	Est. Unit Cost	Quantity	UOM	Extended Cost	Business Unit and Object Account
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1.000 208	ELISA PLATE READER AND WASHER FOR COOK CO. MED EXAM TOX DEPT <	12.000.0000	LO		12.000.00	1525909096.560431.8300
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~~EST. AMOUNT \$12,000.00~~

SEE ATTACHED SPECIFICATIONS

CAPITAL ITEM # 9006-689

Total of Items Ordered 12,000.00

CERTIFICATION

I hereby certify that the items and/or services above are necessary to the department (or institution) and that the dept. no., account & activity numbers indicated above accurately reflect the specific line and that the requisition is approved by the Board of County Commissioners and there is sufficient unencumbered balance in the account to grant same.

CCA

APPROVED BUDGETARY ACCOUNT

PURCHASING USE ONLY

REQUISITIONER

BUREAU or DEPARTMENT HEAD

ACCT #

DATE BY

2015 NOV -5 AM 11:19